

Type of Business Being Transferred				
(Check appropriate box below)				
	Funeral Establishment			
	Cemetery Authority			
	Combination Funeral/Cemetery			
	Third-Party Seller			

PRENEED CERTIFICATE OF AUTHORITY - TRANSFER APPLICATION FORM AL-PNC-T (REVISED 01/2016)

MAIL THIS APPLICATION TO:

ALABAMA DEPARTMENT OF INSURANCE P. O. BOX 303351 MONTGOMERY, ALABAMA 36130-3351

Name of Preneed Certificate of A	Authority to Be Transferred	COA Number
Address of Preneed Certificate of	Authority to Be Transferred	
Telephone Number	E-Mail Address	
Name of Transferee		
Address of Transferee		
Telephone Number	E-Mail Address	
A transfer fee of \$120.00 must a	accompany this application.	
Type of Transfer: □ Certificate	Holder to New Certificate Holder	□ Certificate Holder to New Branch Registrant
In Order To Transfer The Exis Transfer:	ting Preneed Certificate of Auth	ority, The Following Requirements Must Be Met Prior To The
Transferee have an existing prened bu Transferee operate its preneed bu Transferee Is A? Funeral Esta	eed certificate of authority? Yes siness: Name	or third party seller business? Yes No. If Yes, does the COA Number does the COA # COM # Combination Funeral/Cemetery Third-Party Seller application attached? Yes No. Transfer cannot be
☐ Branch Registrant ☐ New CO	OA Operating under a common	bes the Transferee intend to operate the transferred entity? In business enterprise. If the entity will be a Branch Registrant or a If required, but not included with this application, the transfer will
		of a common business enterprise, with a name other than that of a registrant? No. If Yes, what name will the

PRENEED CERTIFICATE OF AUTHORITY - TRANSFER APPLICATION

•	Will the Transferee operate the transferred entity und	der its original name? □ Yes □ No If No, ex	xplain on a separate page.			
• with Sec	If the Transferee is not already in the preneed business, provide an explanation as to how the Transferee intends to comply with Section 27-17A-11, Code of Alabama 1975 on a separate page.					
•	What was the method of funding for the preneed contracts sold by the entity being transferred (check all that apply)? □ Trust Fund □ Insurance Policies □ Letter of Credit □ Surety Bond					
•	What method of funding will be used after the date of transfer for preneed contracts? □ Trust Fund □ Insurance Policies □ Letter of Credit □ Surety Bond					
preneed	The Transferee should explain on a separate sheet of atity being transferred, i.e., if the existing preneed funding be transferred to the trust of the transferee, etc. entity and the funding methodology of the transferee,	ds are in a trust, will that existing trust be mair? The explanation will depend upon the funding	ntained or will the existing ng methodology of the			
•	Does the Transferee intend to notify existing preneed contract holders of the transfer of their preneed contracts? □ Yes □ No. If Yes, how will the notification be made? If No, explain why not on a separate page.					
•	Attach a copy of the asset purchase agreement.					
authority impose	nmissioner may impose further requirements in order y and the Commissioner will notify the transferring Curther requirements on the Transferee and will notify ate Holder and Transferee hereby certify that he or should	ertificate Holder of further requirements, if any the Transferee of further requirements, if any.	y. The Commissioner may The transferring			
certify the authorized and believes and believes from a transfer of the certification and the certification an	transferring Certificate Holder or the representative a hat the above information is true and correct to the best do sign below on behalf of the Transferee, certify the f. We both understand that any person who knowing the or his representative, willfully fails to timely make trust may be guilty of a felony under Alabama Law and plicable licenses, prison or any combination thereof.	st of my knowledge and belief. I, as the Trans hat the above information is true and correct to gly presents false or fraudulent information to t deposits to trust, or knowingly withdraws unau	feree or the representative to the best of my knowledge the Commissioner of authorized funds or assets			
Signatur	re of Transferring Certificate Holder Date	Signature of Transferee	Date			
Print Na	me	Print Name				
	Signature of Commissioner of Insurance	Date COA Transfer Approved				

For updates and other information, please visit www.aldoi.gov/preneed.